PROGRESS SHEET – APPLICATION FOR WATER RIGHT ☐ SURFACE WATER ☐ GROUND WATER

NAME: Marcus Zuger				
Ken Zuger Family T 1103 13 th Street SE	rust			
Puyallup, Washington 98372				
H: 253-848-8604 W: 253-931	l-3788 F: 253-931-53	57		
ASSIGNED (SEE BACK OF PAG	E)			
WALLA WALLA COUNTY	WRIA (32)		WRTS No. (22 20/100
WALLA WALLA COUNTT	VRIA 32		ID No. 42	
APPLICATION NO.: G3-30499		PRIORITY D		
Date App rec'd: October 31, 2005				
Statement of additional exam. fee:				
Returned for completion or correction	on:		Revd:	
PUBLICATION:				⊠ SPOTT
Newspaper(s): Union Bulleton or	The Waitsburg Ti	imes		_
OK'd by: K.A.Yerbich		Date Notice Se	ent 3-17	1-2006
Date Affidavit rec'd: 4-10	-2.0dp		E 50 M	0-2006
Checked by: Kau				-2006
Protests:	0	The second second		
NTERESTED PARTIES:				
Field Packet sent to W ² FO: <u>4-/2-</u> WDFW COMMENT: YES				
FISH SCREEN: YES	NO LOW FI	LOW PROVISO:	YES	NO
OTHER COMMENT(S):				
		7.00		
FIELD EXAMINATION REQUIRED	<u>D</u> : LYES L	」NO		
EXAMINATION DATE ROE ISSU	ED SUP. ROE	ISSUED PERM	IT ISSUED	SUP. PERMIT ISSUED
DEVELOPMENT SCHEDULE:				
BC due: EX	KT to:		BC filed:	
WELL LOG(S) RECEIVED: YES				
CC due: EX				
PA due: EX				
METER INSTALLED: YES				
FISH SCREEN INSTALLED: YES				
PA FIELD EXAMINATION REQUI	RED: YES	NO		
Date examination made:	By:			
APPROVED FOR CERTIFICATE:	☐ YES ☐	NO		
Cert. fee: \$ Date let			C	Check No.:
Date Certificate issued:		* * * * * * * * * * * * * * * * * * * *		
cc: DOEcology-W2FO, 1815 Portla		a Walla Washington	n 99362	
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DOEcology-W2FO, 1815 Portland Avenue, #1, Walla Walla, Washington 99362 **Mr. Mathew Clark, Umatilla Indian Tribe**, P.O. Box 638, Pendleton, Oregon 97801

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXISE TAX

Assignment received:	Assignment approved:
Assignee:	Submitted to Department of Revenue
Assignee:	Date:
Address:	
Phone #:	mitiai.
Assignment received:	Assignment approved:
Assignee:	Submitted to Department of Revenue
Address:	Date:
Phone #:	Initial:
Assignment received:	Assignment approved:
Assignee:	Submitted to Demote of Boson
Address:	
Phone #:	Initial:
Assignment received:	Assignment approved:
Assignee:	Submitted to Department of Revenue
Address:	Date:
Phone #:	Initial:
Assignment received:	Assignment approved:
Assignee:	Submitted to Department of Revenue
Address:	Date:
Phone #:	Initial:
Assignment received:	Assignment approved:
Assignee:	Submitted to Department of Revenue
Address:	Date:
Phone #:	
Assignment received:	Assignment approved:
Assignee:	Submitted to Department of Revenue
A ddmaga	Date:
Address:	